## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

| APPLICATION             | NUMBER:         |                   |                 | <del></del> | <del></del> |            |    |            |
|-------------------------|-----------------|-------------------|-----------------|-------------|-------------|------------|----|------------|
| Total Fee Calculation   |                 |                   |                 |             |             |            |    |            |
|                         | Fee Code        | Total<br># Claims | Number<br>Extra | Х           | Fce         | Fce        | == | Total      |
|                         | Sm./Lg.         |                   |                 |             | Sm. Entity  | Lg. Entity |    | 11.        |
| Basic Filing Fee        | 201/101         | 0 . (             | 17              |             |             |            | =  | 760        |
| Total Claims >20        | 203/103         | 24 -20 =          | <u>L</u>        | X           |             | 18         | =  | 72         |
| Independent Claims >3   | 202/102         | 3 -3=             |                 | X           |             |            | =  |            |
| Mult. Dep Claim Present | 204/104         |                   |                 |             |             |            | =  | ·          |
| Surcharge               | <b>2</b> 05/105 |                   |                 |             |             | · ·        | =  | <u>/3C</u> |
| English Translation     | 139             |                   |                 |             |             |            |    |            |
| TOTAL FEE CALCULA       | ATION           |                   |                 |             |             |            |    | 762        |
| Fees due upon filing t  | he application: |                   |                 |             |             |            |    |            |
| Total Filing Fees Due   | = \$            | 962               | د               | _           |             |            |    |            |
| Less Filing Fees Subn   | nitted -\$      |                   |                 | _           |             |            |    |            |
| BALANCE DUE             | = \$            |                   |                 | _           |             |            |    |            |

FORM OIPE-RAM-01 (Rev. 12/97)